

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Fairfield Inn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016		
Mailing Address 5285 Broadmoor Cir NW			Amount 268.25		
City Canton	State OH	Zip Code 44709	Transaction ID : SE.6646		
Purpose of Expenditure Lodging for canvassers		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Fairfield Inn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016		
Mailing Address 5285 Broadmoor Cir NW			Amount 268.25		
City Canton	State OH	Zip Code 44709	Transaction ID : SE.6648		
Purpose of Expenditure Lodging for canvassers		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016		
Name of Federal Candidate STRICKLAND, TED, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	536.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 24 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Fairfield Inn			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 5285 Broadmoor Cir NW			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">268.25</div>		
City Canton	State OH	Zip Code 44709	Transaction ID : SE.6654		
Purpose of Expenditure Lodging for canvassers		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Fairfield Inn			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 5285 Broadmoor Cir NW			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">268.25</div>		
City Canton	State OH	Zip Code 44709	Transaction ID : SE.6656		
Purpose of Expenditure Lodging for canvassers		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate STRICKLAND, TED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">536.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ➤
☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2016</div> </div>	
Mailing Address 1534 Sunset Blvd		Amount <div> <div></div> <div>183.73</div> </div>	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6650 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2016</div> </div>
Purpose of Expenditure Van rental for canvassers	Category/ Type	002	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>260698.03</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 22 / 2016</div> </div>	
Mailing Address 1534 Sunset Blvd		Amount <div> <div></div> <div>183.73</div> </div>	
City	State	Zip Code	Transaction ID : SE.6652 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 22 / 2016</div> </div>
Steubenville	OH	43952	
Purpose of Expenditure Van rental for canvassers		Category/ Type	002
Name of Federal Candidate STRICKLAND, TED, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>99887.81</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....		367.46
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2016	
Mailing Address 1534 Sunset Blvd		Amount 183.73	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6658
Purpose of Expenditure Van rental for canvassers	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Thrifty Car Rental		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2016	
Mailing Address 1534 Sunset Blvd		Amount 183.73	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6661
Purpose of Expenditure Van rental for canvassers	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2016	
Name of Federal Candidate STRICKLAND, TED, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	367.46
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	1807.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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 10 / 24 / 2016

Signature